

▲ NEWSLETTER ▲

D I V I S I O N O F C L I N I C A L A N D A B N O R M A L P S Y C H O L O G Y

June 1951

Vol. 4, No. 5

Editors: Norman A. Cameron
Harry V. McNeill

LICENSING LEGISLATION FOR PSYCHOLOGISTS

We are happy to publish the following letter received by the Division President from Dr. Daniel Blain, Medical Director of the American Psychiatric Association, who wishes to correct what he considers to be two errors in the statement published in our last Newsletter regarding the vetoing by Governor Dewey of the licensing bill for psychologists in New York State.

A m e r i c a n P s y c h i a t r i c A s s o c i a t i o n

Dear Dr. Cameron:

I am writing to correct what I consider to be two errors in your Newsletter, Vol. 4, No. 4, April 1951.

There is a statement under the heading, "Governor Vetoes the Licensing Bill in New York State", in which it is stated that the bill was sponsored by, among others, the State Department of Mental Hygiene and the State Departments of Health and Social Welfare. I talked to Dr. Bigelow, Commissioner of Mental Hygiene of the State of New York, who told me that the statement published in the NEW YORK TIMES that the bill was supported by the two groups was false and that his Department of Mental Hygiene did not support the bill. I also talked on the telephone with Dr. Hilleboe, Commissioner of Health of the State of New York and Head of the State Department of Health and he told me that his department, contrary to the statements of others, did not support the bill.

I have no information concerning statements of all the others who did support the bill.

The opposition by the American Psychiatric Association was, we believe, founded on an objection which had the support of many of the leading members of the American Psychological Association. We believe the treatment and diagnosis of mentally sick people should be called treatment and diagnosis of mentally sick people and that the extension of the responsibilities, which some are attempting to put in the hands of clinical psychologists beyond the scope of their training is against the public interest and more particularly the interest of people who are sick.

I would be interested to know what the American Psychological Association has defined as the suitable method of practicing psychology with proper limitations and safeguards. I hope that it will be possible for psychiatrists and psychologists to iron out their difficulties since cooperation between us is essential and will accomplish so much more than our individual efforts. With kindest regards,

Sincerely yours,
Daniel Blain, M.D.
Medical Director

Perhaps a misunderstanding arises from diverse interpretations given to the term "support". As was explained to various psychologists by the New York State Commissioners of Mental Hygiene and Health, it is not customary for state departments to sponsor any legislation originating among professional groups. The most that the Commissioner of a state department can properly do is to state his favorable or unfavorable opinion of the proposed legislation, if his opinion is asked by members of the Legislature or by the Governor. Psychologists were given to believe that the Commissioners in question had favorable opinions regarding the licensing bill and were prepared to express them if questioned. To this extent they "supported" the legislation.

GOVERNOR DEWEY'S REASONS FOR VETOING LICENSING BILL

We reproduce herewith in its entirety the statement issued by Governor Dewey at the time he vetoed the licensing bill for psychologists in New York State. We feel that the reasoning offered here should be of interest to psychologists in formulating some of their thoughts regarding legislation

STATE OF NEW YORK, EXECUTIVE CHAMBER

April 10, 1951

MEMORANDUM Filed with Senate Bill, Introductory No. 2366, Print No. 3038, Entitled: "AN ACT to Amend the Education Law, in Relation to the Practice of Psychology, and Making an Appropriation to the Education Department for Expenses in Connection Therewith."

NOT APPROVED

This bill would establish the practice of psychology as an independent profession.

The principal reason urged for its approval is the claim of widespread quackery by persons acting as psychologists.

In addition to the fundamental arguments against the creation of a new group of persons who can practice their calling only by license of the State, this bill is opposed because its broad language creates uncertainty as to the field of psychology and psychiatry. It has provoked vigorous and impressive objections by the Medical Society of the State of New York, the American Psychiatric Association, and a large number of physicians and medical organizations. This concern is also shared by the State Commissioners of Mental Hygiene and Health.

There is no question but that the public should be protected from charlatans. There are already penal statutes which deal with false representations. Except for the most general assertions, there has been no showing as to the extent to which frauds evade these provisions.

It is also necessary to know to what extent its provisions would exclude from practice persons having honest claim to the title psychologist. These facts are presently unavailable.

Further, there is a very real danger that the license created by this bill to eliminate fraudulent psychologists would itself be in danger of being misunderstood by the public and even those receiving the license. The borderline between psychology and psychiatry, although clear enough in the abstract, is very difficult to recognize in practice. The definitions included in this bill are not helpful. Adequate recognition of this problem has not been given in the preparation of this bill either in its definitions or in the provisions for its administration.

The bill is disapproved.

(signed) Thomas E. Dewey

CALIFORNIA LEGISLATIVE SITUATION

The following report has been prepared by Dr. Neil D. Warren who has been a member of the Legislative Committee of the California State Psychological Association:

Two activities of the 1951 California Legislature have been of concern to psychologists of the state. One was the passage of a bill to amend the medical code by defining the word "diagnosis". The present law restricts diagnosis and treatment of any mental or physical condition to licensed members of the healing arts--not including psychologists. Diagnosis has not previously been defined in the law, however, and as introduced the law amendment appeared to be a potential threat to psychologists. Through efforts of several groups of psychologists, changes accepted by the medical profession were made before the bill was passed. "Diagnosis" will now mean the use of any device or procedure to establish the presence or absence of a physical or mental disorder

(rather than condition). In addition, there is a provision that psychological services, or referral from a licensed physician and surgeon, are not violations of the medical code.

The other matter of interest was the introduction of three bills in the Legislature: One to certify and two to license psychologists. None of these bills had the support of the California State Psychological Association or any other group composed primarily of APA members; nor had any groups been consulted in the preparation of the bills. It had earlier been decided that the Committee on Legislation of the CSPA would not attempt to secure legislation at this session of the Legislature.

The three bills to regulate the practice of psychology could not be ignored, however. Each contained provisions unacceptable to the State Association, particularly as concerns standards, "grandfather clauses", and formation of the licensing board. It early appeared that only one bill had any organized support. This was a licensing bill (A.B. 3270) and was particularly objectionable in its early form. It had low standards for licensing, a "grandfather" provision which admitted virtually anybody to license, and training requirements which encouraged the establishment of schools to train psychologists. Such schools would have had few standards to meet.

The CSPA and local groups joined the Medical Association in opposing this bill and sent representatives to appear before the committee hearings concerning it. On recommendation of the representatives of the medical point of view, the CSPA group prepared a set of strong amendments (essentially a bill drafted by the Association in 1949) which were proposed in the legislative hearing. This step in effect confused the issue and the hearing was postponed to May 30 to permit the author of the bill to make revisions.

Surprisingly, the initiators of the bill were willing to accept virtually every strengthening amendment and a new version was prepared which had high standards for licensing, a relatively strong "grandfather clause", and exceptionally high standards for training institutions. This new bill was introduced as a substitute for the previous one, and received support of the CSPA. For a number of reasons it was not voted out by the Assembly Committee. The Committee was undoubtedly still confused by the various maneuvers and changes; the medical opposition continued; and efforts to mobilize effective support were not started in time to produce results. Passage of the objectionable bill was prevented but much greater effort will be necessary if a good one is to be enacted. In its meeting in April, the CSPA took action leading to preparation of legislation for introduction at the next session of the Legislature in 1953. The intervening period will permit the development of an effective program.

The "grandfather clause" developed contained a formula not previously noted and one which seems to merit consideration and discussion. It automatically licensed psychologists with appropriate Ph.D. or M.A. degrees and three years acceptable experience. Others with such experience were provisionally licensed for a limited period of time during which they would be required to meet specified education requirements or lose the license.

GEORGIA'S LICENSING BILL FOR PSYCHOLOGISTS

Herewith is the text of the licensing law recently enacted by the State of Georgia. This is published for the instruction of various psychological groups concerned with licensing legislation. Comments on the provisions of this law are welcomed with a view to publication in future issues of the Newsletter. We are indebted to Dr. Joseph E. Moore, Chairman of the State Legislative Committee, for a copy of the text of the law. An early issue of the Newsletter will carry the text of the licensing law in force in Kentucky.

An Act Making Provision for the Licensure of Applied Psychologists, through a State Board of Examiners of Psychologists. No. 276 (House Bill No. 255)

Be it enacted by the General Assembly of the State of Georgia:

Section 1. The Practice of Applied Psychology, Definition: A person practices applied psychology within the meaning of this Act when he holds himself out to be an applied psychologist and renders to individuals or to the public for fees any service involving the application of recognized principles, methods and procedures of the science and profession of psychology, such as interviewing, administering and interpreting tests of mental abilities, aptitudes, interests and personality characteristics, for such purposes as psychological diagnosis, classification or evaluation, or for education or vocational placement, or for such purposes as psychological counseling, guidance or readjustment. Nothing in this definition shall be construed as permitting the administration of prescription of drugs or in any way infringing upon the practice of medicine as defined in the laws of this State.

Section 2. State Board of Examiners of Psychologists Created: There is hereby created a State Board of Examiners of Psychologists, hereinafter referred to as the Board of Examiners of Psychologists, hereinafter referred to as the Board of Examiners of Psychologists, to consist of three members who shall be appointed by the Governor under conditions hereinafter set forth. One member shall be chosen from and shall be a member of the faculty, with the rank of assistant professor or above, of the accredited colleges and universities in the State, and shall be primarily engaged in teaching and/or research in psychology, and two members shall be licensed applied psychologists or qualified for licensure under the terms of this Act. Said Board shall perform such duties and exercise such powers as this Chapter prescribes and confers upon it. No member of the Board shall be liable to civil action for any act performed in good faith in the performance of its duties as set forth in this Act.

Section 3. Appointment of Board by Governor: Original appointments to the Board shall be for terms as follows: one applied psychologist for a term of one year, one academic psychologist for a term of two years, one applied psychologist for a term of three years. All subsequent appointments shall be for three-year terms. Vacancies shall be filled for the unexpired terms, and members shall serve until their successors are appointed and have qualified. Only applied psychologists shall be appointed to succeed applied psychologists, and only academic psychologists shall be appointed to succeed academic psychologists. All appointments to the Board shall be made from a list of qualified members of the Georgia Psychological Association to be furnished to the Governor by said association. All vacancies occurring in the board shall be filled by the Governor for the unexpired term from the said list of all qualified members of the Georgia Psychological Association within thirty days after the vacancy occurs: Provided, that if the said association shall fail to furnish the Governor with the said list of persons eligible for such an appointment, the Governor shall make such appointments by nominating such members of the profession of psychology hereto as may seem to him to be proper. Any Board member may be removed after notice and hearing for incompetence, neglect of duty, malfeasance in office, or moral turpitude.

Section 4. Oath of Office Taken by Board: Certification of Appointment by Governor: Reports to Governor: Immediately and before entering upon the duties of said office, the members of the Board of Examiners of Psychologists shall take the constitutional oath of office and shall file the same in the office of the Governor, who upon receiving said oath of office, shall issue to each member a certification of appointment. The Board shall have available for the Governor or his representative detailed reports on proceedings and shall keep adequate records on all licenses, and shall make an annual report in such form as required by the Governor.

Section 5. Organization of Board: Expenses: Meetings: Seal: Rules and Regulations: Examinations: The Board of Examiners of Psychologists shall elect annually a president and vice-president. Said Board shall operate under the terms of Chapter 84-1, providing for a joint-secretary for the several State examining boards and said joint-secretary shall serve said Board as provided by law. Each member shall receive all necessary expenses incident to holding meetings: provided, however, that expenses in no case shall exceed the fees collected by said joint-secretary for said Board. The Board shall hold at least one regular meeting each year, said required meeting to be held at the State Capitol. Call meetings may be held at the discretion of the president or at the written request of any two members of the Board. Said Board shall adopt a seal, which must be affixed to all licenses issued by the Board. The Board shall, from time to time, adopt such rules and regulations as they may deem necessary for the performance of their duties, and shall examine and pass upon the qualifications of the applicants for the practice of applied psychology as herein provided. Three members of the Board shall at all times constitute a quorum. The Board shall be empowered to hire such clerical assistance as is necessary to carry on its activities, within the limits of funds available to the Board.

Section 6. Practice of Applied Psychology without License Prohibited: Exceptions: If any person shall hold himself out to the public as being engaged in the practice of applied psychology and shall not then possess in full force and virtue a valid license to practice applied psychology under the laws of this State, he shall be deemed to be practicing applied psychology without complying with the provisions of this Chapter, and in violation thereof. Nothing in this Act shall be construed to limit the activities and services of a person in the employ of or serving for an established and recognized religious organization, an established and recognized social welfare agency, or the use of psychological techniques by organizations engaged in business, commerce or industry, or by persons within their salaried employ provided that the title "applied psychologist" is not used by a person not licensed and that the professional practice of psychology is not implied by a person not licensed under this Act. Persons employed in Federal, State, county or municipal agencies, or in chartered educational institutions or who are students in training in chartered educational institutions are exempted when practicing in their agencies or institutions, as are technicians, assistants or internes working under the supervision of licensed individuals.

Section 7. License to Practice Applied Psychology: How to Obtain: Qualifications of Applicants: Any person wishing to obtain the right to practice applied psychology in this State, who has not heretofore been licensed so to do, shall, before it shall be lawful for him to practice applied psychology in this State, make application to the State Board of Examiners of Psychologists through the joint-secretary, State examining boards, upon such form and in such manner as shall be adopted and prescribed by the Board, and obtain from the Board a license so to do. Unless such a person has obtained a license as aforesaid, it shall be unlawful for him to practice, and if he shall practice applied psychology without first having obtained such a license, he shall be deemed to have violated the provision of this Chapter. A candidate for such license shall furnish the Board with satisfactory evidence that he (a) is of good moral character; (b) is a citizen of the United States or has legally declared his intention of becoming one; (c) has received a degree of doctor of philosophy in psychology from an accredited educational institution recognized by the Board as maintaining satisfactory standards, or, in lieu of said degree, a doctorate degree in a closely allied field if it is the opinion of the Board that the training required therefor is substantially similar; (d) has had at least one year of experience in applied psychology of a type considered by the Board to be qualifying in nature; (e) is competent in applied psychology, as shown by passing such examinations, written or oral, or both, as the Board deems necessary; and (f) has not within the preceding six months failed an examination given by the Board: Provided that the Board may at its discretion accept satisfactory substitute training and experience in lieu of that prescribed in Subsections (c) and (d).

Section 8. Examination of Applicants for Licenses to Practice Applied Psychology: Examination of applicants for a license to practice applied psychology shall be made by the Board of Examiners of Psychologists at least once a year according to methods and in such subject fields as may be deemed by the Board to be the most practical and expeditious to test the applicants' qualifications. The Board shall require the examination to be written or oral, or both, provided that in any written examination such applicant shall be designated by a number instead of his name so that his identity shall not be disclosed to the members of the Board until the examination papers have been graded. The Board shall grade the written examinations returned by the candidates and shall keep them for at least one year. A candidate shall be held to have passed the examination upon the affirmative vote of three or more members of the Board. Any unsuccessful candidate may upon written request to the Board, see his graded paper.

Section 9. Licensure under Special Conditions: For a period of two years from the effective date of this Act the Board may waive either an assembled examination or the requirements of Subdivision (c) of Section 7, or both, if it deems such action to be in the public interest; and may grant a license upon payment of the required fee to any person who meets the requirements of Subdivisions (a) and (b) of Section 7, who is qualified by experience to practice applied psychology, and who has engaged in such practice of a nature satisfactory to the Board for at least three years full time, or its equivalent, within three years following the effective date of this Act. The Board may also grant a license without an assembled examination to any person residing or employed in the State who at the time of application is licensed or certified by a similar board of another State whose standards, in the opinion of the Board, are not lower than those required by this Act, or who has been practicing psychology in another State and has qualifications not lower than those required in this Act, and is able to satisfy the Board that to grant him a license would be in the public interest, or who has been certified by the American Board of Examiners in Professional Psychology.

Section 10. Temporary Licenses, Issuance to Applicants to Practice: In the discretion of the Joint-Secretary, State Examining Board, with the approval of the President of the State Board of Examiners of Psychologists, he may issue a temporary license to an applicant for a permanent license. Said temporary license shall have the same force and effect as a permanent license until the Board has rejected or approved the application for a permanent license. Said temporary license shall not be recorded.

Section 11. Suspension, Refusal, or Revocation of License to Practice Applied Psychology: Grounds: The Board of Examiners of Psychologists may refuse to grant a license to practice applied psychology, or may suspend any such license for a definite period not to exceed one year, or may cause a licentiate's name to be removed from the office of any clerk of court, on the grounds to wit: The employment of fraud or deception in applying for a license or in passing the examination provided for in this Chapter; conviction of felony; the practice of applied psychology under a false or assumed name or the impersonation of another practitioner of a like or different name; habitual intemperance in the use of ardent spirits, narcotics, or stimulants to such an extent as to incapacitate him for the performance of his duties; or negligence or wrongful actions in the performance of his duties. Said Board may, upon satisfactory proof made that any applicant or licentiate has been guilty of any of the above enumerate offenses, refuse to grant a license to said applicant or may revoke a license of said licentiate upon a vote of at least four members of the Board. After three years from the date of a revocation, an application for reinstatement may be made to the Board, and it may, upon favorable action by four of its members, grant such reinstatement.

Section 12. Hearing on Refusal, Revocation, Suspension of License: The Board may not suspend or revoke or refuse to issue or to renew any license for any cause listed in Section 11, unless the person accused has been given at least twenty days notice in writing of the charge against him and a public hearing by the Board. The written notice shall be mailed to the person's last known address, but the non-appearance of the person shall not prevent such a hearing. Upon such a hearing the Board may administer oath and procure by its subpoenas the attendance of witness and the production of relevant books and papers.

Section 13. Appeal from the Board's Ruling on Licenses: Any person whose license has been revoked or suspended by the Board may appeal to the Fulton Circuit Court for a trial de novo by filing with the clerk a certified copy of the charge heard by the Board and his petition requesting a trial. The Board shall make certified copies of any charges upon demand of the applicant. When the copy of the charge is lodged with the clerk of the Fulton Circuit Court and the required deposit of court cost is paid within ten days after the Board's findings, the appeal shall be considered perfected and shall be docketed and stand for trial. No such appeal shall operate as a supersedeas to such revocation or suspension.

Section 14. Recording of Licenses to Practice Applied Psychology: Before any person who obtains a license from the Board of Examiners of Psychologists may lawfully practice in this State, he shall cause the said license to be recorded in the office of the clerk of the superior court of the county in which he resides. The license shall be recorded by the clerk in a book kept for that purpose and shall be indexed in the name of the person to whom the license is granted. The clerk's fee for recording the license shall be the same as for recording a deed. The clerk shall make a report to the Joint-Secretary, State Examining Boards, on December 31 of each year on licenses registered with him. Each applicant receiving a license from the Board shall cause the same to be registered within thirty days.

Section 15. License Fees: There shall be paid to the Joint-Secretary, State Examining Boards, by each applicant for license by examination, an initial fee of ten dollars. If the applicant is found eligible for licensure, he shall pay an additional fee of fifteen dollars prior to the granting of the license. A fee of ten dollars shall be charged for issuing a temporary license or a license by reciprocity. No part of any fee shall be returnable under any circumstances.

Section 16. Renewal of Licenses: During the month of January of each year, every license holder shall apply to the Board for renewal of his license and if, at the discretion of the Board, the license is renewed, he shall pay to the Board a renewal fee of two dollars and shall receive a renewal license. Any license shall be cancelled if the holder fails to secure the renewal license within three months after the renewal date, but any license so canceled by default may be restored by the Board upon payment of a fee of ten dollars, within a year after cancellation.

Section 17. Issuance of License to Practice Applied Psychology: Duty of Joint-Secretary to Aid in Prosecution: The Board of Examiners of Psychologists shall have authority to administer oaths, to summon witnesses, and to take testimony in all matters relating to its duties. Said Board shall issue licenses to practice applied psychology to all persons who shall present satisfactory evidence of attainments and qualifications under provisions of this chapter and the rules and regulations of the Board. Such licenses shall be signed by the President of the Board of Examiners of Psychologists and attested by the Joint-Secretary, State Examining Boards, under the Board's adopted seal, and it shall give absolute authority to the person to whom it is issued to practice applied psychology in this State. It shall be the duty of the joint-secretary under the direction of the Board to aid the solicitors in the enforcement of this Chapter and the prosecution of all persons charged with the violation of its provisions.

Section 18. Privileged Communication: For the purpose of this Chapter, the confidential relations and communications between licensed applied psychologist and client are placed upon the same basis as those provided by law between attorney and client, and nothing in this Chapter shall be construed to require any such privileged communication to be disclosed.

Section 19. Use of Title: No person shall use the title "Licensed Applied Psychologist" in this State without a license granted by said Board of Examiners of Psychologists and signed by same. No person not licensed as provided in this Act shall designate himself or his occupation by the words "Licensed Applied Psychologist", nor shall such person designate himself by any other term or title which implies that he is practicing professional psychology, unless he has a valid license.

Section 20. Penalties: Any person who violates any of the provisions of this Act shall be guilty of a misdemeanor and upon conviction shall be fined no less than one hundred dollars nor more than five hundred dollars for such violation.

Section 21. Effective Date: This Act shall take effect sixty days from the date of its passage.

Approved February 21, 1951.

UNIFICATION OF PSYCHOLOGICAL ASSOCIATIONS IN NEW YORK STATE

(The following statement has been prepared by Dr. Louis Long, President of the New York State Psychological Association.)

Representatives from 10 psychological associations in New York State (Association for Analytical Psychologists, Association of Psychologists of the New York City Public Schools, Group for Applied Freudian Psychology, Individual Psychological Association of New York, Metropolitan New York Association for Applied Psychology, National Psychological Association for Psychoanalysis, New York Association of Clinical Psychologists in Private Practice, New York Society of Clinical Psychologists, New York State Psychological Association, Postgraduate Center for Psychotherapy) met for a two-day conference on May 4th and 5th, 1951, at Arden House on the Harriman Campus of Columbia University, Harriman, New York, to consider the possibility of setting up one association to which all psychologists in New York State would belong. The meeting was called by the Board of Directors of the New York State Psychological Association. The following persons attended: Dr. Theodora M. Abel, Dr. Josephine Ball, Dr. Harry Bone, Dr. Arthur W. Combs, Dr. Albert Ellis, Dr. Frank Freeman, Dr. Jeanne G. Gilbert, Dr. Janet S. Greene, Dr. Florence Halpern, Miss Helen B. Holodnak, Dr. J. McVicker Hunt, Mrs. Asya L. Kadis, Miss Kathleen Lolis, Dr. Louis Long, Dr. Rollo May, Mr. Jule Nydes, Dr. Rose Palm, Mr. Samuel Pearlman, Dr. Bernard F. Riess, Miss Doris Schulman, Dr. Emanuel K. Schwartz, Dr. Harold Seashore, Dr. Joel Shor, Dr. Otto Spranger, Mr. Clement Staff, Dr. L. Joseph Stone, Dr. Donald E. Super, Dr. Percival Symonds, Mr. Arthur Teicher, Dr. Albert S. Thompson, Miss Elizabeth Weller, Dr. Jesse Zizmor, Dr. Herbert J. Zucker; Dr. Arthur W. Combs served as Chairman of the Conference.

To summarize the outcome of the Conference briefly is difficult. However, a few of the highlights can be mentioned. Agreement was reached on the following points:

1. It would be desirable to have one state psychological association with membership standards similar to those now set for associate membership in the American Psychological Association.

2. The association should have a number of divisions (the number and type to be worked out by a committee).
3. Provisions should be made for psychological association to become affiliated with a division.
4. Each division of the association should have representation on the Board of Directors of the association.

Before the meeting adjourned, committees were appointed to work on a revision of the constitution of the New York State Psychological Association and to work out the divisional structure. These committees will report to the Conference members on July 7th and 8th.

We in New York State feel that real progress is being made in the consolidation of the several psychological associations that exist within the state.

PRELIMINARY REPORT ON THE PRIVATE PRACTICE QUESTIONNAIRE

To date, 523 returns have been received on the postcard questionnaire on private practice that was sent out to the members of the Division with the last Newsletter. A preliminary survey of these returns shows that 231 (44%) of the respondents state that they do no private practice at all; while 292 (56%) state that they do psychotherapy, 192 state that they do psychodiagnosis or mental testing, 48 state that they do vocational guidance, 40 state that they do business or industrial consultation, 28 state that they do remedial education, and 20 state that they do other kinds of private practice. A great many of the respondents engage in two or more types of private practice, particularly psychotherapy and psychodiagnosis. Of the 292 who engage in private practice, 156 devote less than ten hours a week to this practice, 54 devote ten to nineteen hours a week to it, 21 devote twenty to twenty-nine hours a week to it, and 61 devote thirty or more hours a week to it.

When all replies have been received, the results of the questionnaire will be tabulated in more detail. Members of the Division who have not yet returned their questionnaires are urged to do so immediately.

Albert Ellis, Chairman
Private Practice Committee

CURRICULUM VITA OF CANDIDATES FOR DIVISION OFFICES

We had hoped to put the following material in the hands of the Division membership simultaneously with the appearance of the annual ballot for APA elections. Various unavoidable delays have prevented the issuance of the current Newsletter until now. We hope that this material will still be of service to those who have not yet returned their ballots. Perhaps it will serve as a reminder to vote.

Candidates for President-Elect

KELLY, E(VERETT) LOWELL. Dept. Psych., Univ. of Michigan, Ann Arbor, Mich. b Nov. 15, 05. BS 26 Purdue; AM 28 Colorado Coll. Educ; Ph.D. 30 Stanford. Sigma Xi. H. sch. teacher and principal, 26-27, Taiban, N. Mex; resch. fellow, 27-28, Colo. Coll. Educ; resch. asst, 28-30, Stanford; assoc. prof. & dir. admissions, 30-32, U. Hawaii; SSRC fellow, 32-33, chmn. dept, 33-38, Conn.; assoc. prof, dir. psych. clin, 38-42, Purdue; psychologist, 42-46, Navy; br. chief clin. psychol, 46-47, VA; prof. 46-, Mich; consult, 46-, Off. Naval Resch; consult. clin. psych. 47-, VA; consult, 48-, USPHS; consult 48-, Selective Service System. APA (Chm. Comm. on Training in Clin. Psych, 50, Bd. of Dir. 49-52); Assoc. editor 46-, J. Consult. Psych. Michigan Psych. Assn. (Pres. 48); AAAS. Selection and training of aircraft pilots, marital compatibility, selection of professional personnel, personality evaluation. A 30, F 41, Dipl. Clin.

MACFARLANE, JEAN WALKER. Psych. Dept, Univ. of Calif. Inst. Child Wel. b Jan. 1, 94. AB 17, PhD 22, Calif, (Berkeley). Sigma Xi. Field worker, 17-18, US Bur. Labor Stat; psychologist, 17-18, Childrens Hosp. San Francisco; asst. psychologist, 18-22, Dept. Pediatrics, U. Calif.

Med. Sch. and Hosp, San Francisco Juv. Court; sr. asst. psychologist, 22-24 Boston Psychopathic Hosp; psychologist, 23-24, St. Dept. Mental Diseases, Mass; lect. 23-24, Wellesley; instr. asst. prof. 24-29, U. of Calif. Med. Sch; asst. prof, assoc. prof, resch. assoc, 29-41, prof., resch. assoc, 41-, Psych. Dept. Calif. Inst. Child Wel. APA (rep. to AAAS, 44-47; Comm. on Grad. and Profes. Trng, 46; Regional Rep, Pacific Coast 47-49; Policy and Plan. Bd, 48-51; ABEPP, 49-; Bd. of Dir., 50-; Exec. Comm. Div. 12, 50-.) WPA (pres. 42-46); Amer. Orthopsychiat. Assn; Socy. Resch. Child Devel; Conf. Fam. Relations (pres. 40-41). Personality development. A 39, F 44, Dipl. Clin.

MCWREER, O(RVAL) HOBART. Dept. Psych. Univ. of Ill. b Jan 23, 07. AB 29 Missouri; PhD 32 Johns Hopkins. Sigma Xi, Phi Delta Kappa. NRC fellow, 32-34, Northwestern & Princeton; Sterling fellow, 34-36, instr, 36-40, Yale; personnel psychologist, 44-45; OSS; asst. prof. educ, 40-43, assoc. prof. educ, 43-48, Harvard; research prof. of psych. 48-, Univ. of Ill. Author, Learning Theory and Personality Dynamics (1950). AAAS; AAUP; Am. Orthopsychiat. Assn. Learning theory, language, psychotherapy, personality. A 31, F 35, Dipl. Clin.

RAPAPORT, DAVID. Austen Riggs Foundation, Stockbridge, Mass. b Sept. 30, 11. Absolutorium 35 Royal Hungarian Petrus Pazmany Univ, Budapest; Montessori Teacher Degree 36, Montessori Schs., Budapest, Hungary; PhD 38 Royal Hungarian Petrus Pazmany Univ, Budapest. Sigma Xi. Clin. psychologist, 39, Mt. Sinai Hosp, New York; staff psychologist, 39-40, Osawatomie St. Hosp. Kans; staff psychologist, 40-42, head dept. psych. 42-46, Menninger Clinic, Topeka, Kans; dir. of resch. 46-48, Menninger Fdn. Topeka, Kans; resch. assoc. Austen Riggs Fdn., 1948-. Consult. 46-48, Winter VA Hosp, Topeka, Kans; consult. 44-48, Comm. on Clin. Psych. Surgeon General's Off; consult. 47-, USPHS Resch. Study Sec. Lecturer, Kansas Univ. 39-40; Washburn Univ, 43-44; clin. prof, Kansas Univ, 46-48; prof, Menninger Fdn. Sch. of Psychiatry, 46-48. Author, Emotions and Memory (1942); Diagnostic Psychological Testing, vols. I & II (with Gill & Schafer) (1945); Organization and Pathology of Thought (1951). APA, secy, Div. of Clin. & Abn. Psych, 45-49; AAAS; Am. Orthopsychiat. Assn; Rorsch. Inst. (vice-pres, 43); Kans. Acad. Sci, 41-48; Topeka Psychoanalytic Soc, 41-; New York Psychoanalytic Soc, 50-. Research in organization and pathology of thinking, research in diagnostic psychological testing procedures. A 41 F 43 Dipl. Clin.

Candidates for Secretary-Treasurer (and Division Representative)

KUTASH, SAMUEL B(ENJAMIN). VA Mental Hyg. Clinic, Newark, N. J. b May 12, 12. BS 32, MSc 36, CCNY; PhD 44, NYU. Clin. psychologist, 35-39, NYC Bd. Educ; case worker and psychologist, 39-42, NY Dept. Wel; clin. psychologist, 46-, VA Mental Hyg. Clin, Newark; instr, 46-, Brooklyn Coll; lecturer, Sch. of Educ. NYU, 48-. Co-editor with V.C. Branham of Encyclopedia of Criminology (1949). AAAS; Soc. for Projective Techniques; Orthopsychiat. Assn; Am. Assn. of Mental Deficiency; EPA; Am. Group Therapy Assn; member editorial bd, 42-, J. Clin. Psychopathol. Projective techniques, psychotherapy, personality appraisal, group therapy. A 38, F 48, Dipl. Clin.

MAGARET, (GRETCHEN) ANN. Dept. Psych., Univ. of Wisconsin, Madison, Wis. b Jan 25, 16. AB 36 Carleton Coll; AM 38, Radcliffe; PhD 41 Stanford. Phi Beta Kappa, Sigma Xi. Resch. asst. neuropsychiat, 39-41, Stanford U. Med. Sch; instr., 41-43, asst. prof, 45-46, assoc. prof, 46-, Wisconsin. AAAS; SPSSI. Experimental psychopathology, psychometrics, projective techniques. A 40, F 48.

MC NEILL, HARRY V(INCENT). 125 E. 26th St., New York, N.Y. b Dec 2, 06. BA 27, St. Josephs, Yonkers, N.Y; PhB 30, PhL 31, PhD 33, Agregé 34, Louvain Univ, Belgium. Special scholar, 30-31, special fellow, 32-33, Belgian-American Educ. Fdn; instr. 34-36, asst. prof. 36-38, 38-42, Fordham Grad. Sch. & Sch. Educ; personnel consult, classification off, clin. psychologist, 42-46, Army; asst. genl. manager 46-47, Oberg Laboratories, Inc; asst. chief psychologist, 47, VA Mental Hyg. Clinic, N.Y; branch chief psychologist, 48-49, VA Br. #2, N.Y.; consult. in clin. psych. for New England & Middle Atlantic States, USPHS, 49-; Assoc. Secy, Div. 12, 50-51; secy. (appointed by Exec. Comm. to replace Dr. Anne Roe), 51. Psychotherapy, administrative procedures, philosophical psychology, clinical research. A 36, F 48, Dipl. Clin.

Candidates for Member-at-Large of Executive Committee

HOLT, ROBERT R(UTHERFORD). Menninger Foundation, Topeka, Kansas. b Dec 27, 17. AB 39, Princeton; AM 41, PhD 44, Harvard. Phi Beta Kappa, Sigma Xi. Resch. Asst, 41-44, Harvard Psych. Clinic; study dir, 44-46, Div. Program Surveys BAE, Washington, D.C.; clin. psychologist, 46-49, Winter VA Hosp, Topeka, Kans; assoc. psychologist 47-49, sr. psychologist 49-, director psychological staff 51-, Menninger Found; asst. clin. prof, 46-, Kans. Editor, TAT Newsletter, 46-. SPSSI; Topeka Psychoanal. Soc.; Soc. for Proj. Techniques. Assessment of psychiatric & psychological personnel, projective techniques, experimental study of ego-psychology. A 41, F 50.

RAIMY, VICTOR C(HARLES). Dept. Psych. Univ. of Colorado, Boulder, Col. b Mar 17, 13. BA 35 Antioch Coll; PhD 43 Ohio State. Asst. to dir, 36-37, Ohio Bur. Juv. Resch; psychologist, 37-38, Toledo Court of Domestic Relations; asst, 38-40, Ohio State; instr. 40-41 Antioch Coll; instr. and asst. to jr. dean 41-43, Ohio State; officer, 44-46, Navy; asst. prof, 46, Pittsburgh; assoc. prof, 46-48, Ohio State; consult. psychologist 47-48, Br. Office #6, VA; prof. of psychology and dir, Clinical Training Program, Univ. of Colorado, 48-, consult. Denver Regional Office, VA, 48-; consult. Fitzsimons Army Hosp, 48-. Counseling and psychotherapy, personality. A 40, F 50, Dipl. Clin.

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Members of Division 12 are reminded that notifications of change of address sent to the APA Secretary's Office are transmitted to the Division office only once a year at the end of the Annual Meeting at which time a complete roster of old and new Division members is made up. Accordingly members are advised to notify the Division as well as the APA Secretary's Office regarding their changes of address. Members are asked to note that the Division Secretary's address is 125 East 26th Street, New York 10, New York.

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Division members are invited to write to the Division Secretary regarding any items considered appropriate for discussion at the Division Executive Committee meetings which will take place during the Annual APA meeting. Some of these items might be topics for discussion at the open Business Meeting of the Division.

REPORT ON SURVEY OF MEMBERS OF THE DIVISION OF CLINICAL AND ABNORMAL
PSYCHOLOGY WHO ARE PRESENTLY ENGAGED IN PAID PRIVATE PRACTICE

Albert Ellis, Ph.D., New Jersey Dept. of Institutions and Agencies, Chairman of the
Committee on Private Practice

The survey to be reported upon was conceived early in 1951 and was conducted by means of a postcard anonymous questionnaire which was included with the April 1951 Newsletter of the Division of Clinical and Abnormal Psychology. (Members of the Committee on Private Practice of the Division, including Drs. Katherine P. Bradway, Mary S. Kunst, Arthur H. Reinitz, Keith Sward and Helen Thompson helped to formulate the questions. Ruth R. Doorbar helped in the tabulation of some of the results.)

The purpose of the survey was to obtain a summary picture of the extent and types of paid private practice now being done by members of the Division. To encourage maximum returns, only three questions were asked of the respondents; and to encourage frankness, no signatures were demanded. Of approximately 1200 postcard questionnaires which were distributed, 569 (47%) were returned by July 31; and this report will consist of an analysis of these returns. Because of the anonymity of the questionnaire, there is no way of telling whether those who returned their cards are representative of the members of the Division as a whole; but the high percentage of replies thus far received (with others still gradually coming in) would tend to indicate a fairly representative sample of respondents.

The results of the survey are shown in Tables 1 - 4, which will now be briefly discussed. The data in Table 1 indicate that 319 respondents, or 56 per cent of those replying to the survey, are presently engaged in some type of paid private practice. About two-thirds of those engaged in such practice do psychotherapy; and slightly less engage in clinical psychodiagnosis. About one-sixth of the respondents do some vocational guidance in their private practice, and about one-sixth do business and industrial consultations. About ten percent engage in remedial education.

A great many of the respondents do two or more types of private practice. A supplementary analysis shows that only 126 (40%) of the 319 who engage in private work do only one type of practice. Of these 126, 60 do therapy; 46 do psychodiagnosis; 4 do vocational guidance; 5 do remedial education; 9 do business or industrial consultation; and 2 do other forms of private practice.

When all types of private practice are combined, 95 (30%) of the respondents say that they devote twenty or more hours a week to this type of work. Both the number of individuals reporting paid private practice and the proportion of their time devoted to such practice seems to be considerably greater in this survey than in any previous survey made of APA members.

Table 2 shows the percentages of adult clients usually seen by members of the Division who report that they are presently engaged in private practice. The data in Table 2 indicate that 59 per cent of the respondents report that the distinct majority of their clients are adults, while 44 per cent of them report that almost all their clients are nineteen years of age or over. On the other hand, only 23 per cent of the respondents report that the great bulk of their clients are below nineteen years of age.

Table 3 shows the extent to which the respondents state that they would like to extend their present paid private practice. The figures in Table 3 indicate that slightly more than half of the respondents who at present engage in no private practice would like to do

so to some extent; while about 70 per cent of those who do engage in private practice would like to extend their private work to some extent. As might be expected, a higher percentage (74%) of those who now do relatively little private practice would like to extend their practice than the percentage (59%) of those who now do thirty or more hours of private work. The highest percentage (79%) of those who would like to extend their practice is found, however, among those who now report that they are spending 20 to 29 hours a week in private work.

While Tables 1 - 3 cover the main findings of the survey, a special study was made comparing the respondents as a whole with those whose postcards bore a New York City postmark. Data in this connection are listed in Table 4. An examination of the figures in Table 4 shows that respondents from New York City reported proportionately more private practice work than those in the nation as a whole, and that proportionately twice as many New York City as national respondents stated that they did 20 or more hours a week of private psychological activity. Obviously, the New York respondents are not only in the distinct majority of instances engaging in some private practice, but some 54 per cent of them are also engaging in considerable paid private psychological work. (It may be parenthetically noted that a special check on respondents whose cards were postmarked from Los Angeles showed that fourteen out of seventeen such respondents, or 82 per cent, stated that they were engaged in some kind of private practice.)

It is not easy to generalize from the facts of this survey, since slightly less than half the members of the Division of Clinical and Abnormal Psychology have thus far responded. It may be hypothesized that those who did respond tended to do so just because they were engaged in some private practice activities, and therefore were quite interested in the study. It may also be hypothesized that private practitioners are such busy (and perhaps non-research minded) individuals that they under-responded to the survey. At present, there is no adequate method of checking either of these hypotheses, hence generalization from the obtained results is hazardous.

Recognizing, however, that the sizeable sample obtained thus far (which includes almost one out of every two Division members) must to some extent be representative of the membership of the Division as a whole, and at the same time recognizing that the non-randomness of the sample, the following cautious conclusions may be made:

1. There seems to be little doubt that many more members of the Division are now engaging in some kind of paid private practice than has hitherto been true.
2. Of the members of the Division who do engage in private practice, psychotherapy appears to be the favorite type of practice, closely followed by psychodiagnosis.
3. Of the members of the Division who engage in private practice, the majority engage in two or more types of such practice, while about forty per cent engage in one specific kind of private psychological activity.
4. Of those who engage in private practice, about thirty per cent devote twenty or more hours a week and twenty-one percent devote thirty or more hours a week to this practice.
5. The bulk of the time of members of the Division who engage in private practice is spent in working with adults rather than with adolescents and children.
6. About half the members of the Division who do not engage in any paid private practice would apparently like to do so to some extent, while about 70 per cent of those who do engage in private practice would like to extend this practice.

7. Members of the Division who live or work in New York City (and, perhaps, in other large cities) tend to engage in private practice to a greater extent than do those who live in the nation as a whole by (a) being in private practice in greater numbers and (b) devoting more of their activity to this practice when they do engage in it.

8. In the light of these findings, it would appear that the engaging in paid private practice by clinical psychologists is rapidly becoming, or in fact has already become, a very important part of the clinical psychological scene, and that paid private practice seems destined, in the near future, to become an even more important aspect of the profession of clinical psychology. While there will be no attempt in this paper to discuss the significance of these facts for the consideration of such problems as clinical training, legislation, certification, and other Divisional policies and practices, it should be evident that issues of no mean import are hereby at stake.

Table 1

Types of Private Practice Presently Engaged in by
Members of the Division

Hours per Week Devoted to Pri- vate Practice	Number of Respondents Engaging in Private Practice						Total: Any Kind of Pr. Prac
	Psycho- therapy	Psycho- diagnosis	Vocational Guidance	Reme- dial Ed- ucation	Business & Indus- trial	Other	
1 - 9 hours	126	168	46	28	42	14	168
10 - 19 hours	46	30	5	1	3	5	56
20 or more hrs.	49	14	0	0	6	2	55
Total	221	212	51	29	51	21	319

Table 2

Percentages of Adult Clients Usually Seen by Members of the Division
Who Are Engaged in Private Practice

Percentages of Clients Who are 19 Years of Age or Older	Respondents Having Clients in Each Category	
	Number	Percent
0-24 percent adult clients	43	13%
25-39 percent adult clients	33	10%
40-59 percent adult clients	49	16%
60-79 percent adult clients	47	15%
80-100 percent adult clients	141	44%
Question not answered	6	2%
Total	319	100%

Table 3

Extent to which Members of the Division Would Like to Extend Their Present Paid Private Practice

Hours per Week Presently Devoted to Paid Private Practice	Number of Respondents and the Extent to which They Would Like to Ex- tend Their Paid Private Practice					Total
	Considerably	Moderately	A Little	Not at All	No Answer	
No hours	14	39	60	113	24	250
1 - 9 hours	22	51	50	42	2	167
10 - 19 hours	17	18	7	15	1	58
20 - 29 hours	6	12	4	6	0	28
30 or more hours	15	12	12	26	1	66
Total	74	132	133	202	28	569

Table 4

Members of the Division Who Engage in Paid Private Practice in the Nation and in New York City

Hours per Week Presently Devoted to Paid Private Practice	Number of Members Engaging in Private Practice			
	In the Nation as a Whole		In New York City	
	Number	Percent	Number	Percent
1 - 9 hours	168	29%	16	15%
10 - 19 hours	56	10%	20	18%
20 - 29 hours	27	5%	12	11%
30 or more hours	<u>68</u>	<u>12%</u>	<u>28</u>	<u>25%</u>
Total In Private Practice	319	56%	76	69%
Members Engaging in No Private Practice	<u>250</u>	<u>44%</u>	<u>34</u>	<u>31%</u>
Grand Total	569	100%	110	100%

